

MEMBERSHIP

2008-11-21
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CHECK THE APPLICABLE BOX	
<input checked="" type="checkbox"/> New Disclosure Form	<input type="checkbox"/> Supplemental Disclosure Form
INDIVIDUAL MAKING DISCLOSURE	
a. First and last name of individual Megan Callis	b. Position or Title of individual Legislative Assistant
c. Business address (room, apt., suite no. and street, or P.O. box) 310 War Memorial Building	
d. City, state, zip code Nashville, TN 37243-0204	
e. Telephone 615-741-2061	f. Business E-mail (if available) megan.callis@legislature.state.tn.us
DISCLOSURE OF RELATIVE	
{A separate form must be used for each relative}	
a. Name of Relative David Callis	b. Relationship (sibling, spouse or child) Father
b. Position of sibling, spouse or child Tennessee Electric Cooperative Assn. - Director of Public & Government Affairs	
c. Business address (room, apt., suite no. and street, or P.O. box) 710 Spence Lane	
d. City, state, zip code, and telephone Nashville, TN, 37217, 615-367-9284	
e. If Supplemental Disclosure, provide a complete description of any information that has changed from the information supplied in the last registration form.	

AFFIDAVIT

By my signature below I attest to the following:

- I understand that, pursuant to T.C.A. §§2-10-127, submitting a Disclosure of Relative Lobbyist form which contains false information may subject me to the penalties of perjury;
- The information contained in this Disclosure of Relative Lobbyist form is true and correct to the best of my knowledge, information and belief.

Megan Calt
Signature

3/20/08
Date

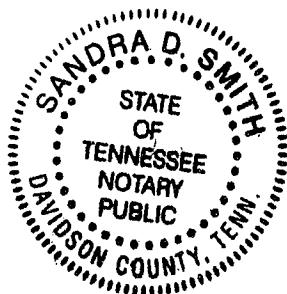
Sworn to and subscribed before me this 20th day of March in Davidson county,
Tennessee:

Sandra D. Smith
Signature of Notary

Affix Notary Seal Here

Notary Registration No. _____

*my commission expires
9/25/10*



SS-8009